

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**10/519577**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3						
4						
5						
6						
7						
8						
9	1					
10						
11	1					
12						
13						
14	1					
15						
16	1					
17						
18						
19						
20	1					
21	1					
22	1					
23	1					
24						
25	1					
26						
27						
28						
29						
30	1					
31	1					
32						
33						
34						
35						
36	1					
37						
38	1					
39						
40						
41						
42						
43	1					
44	1					
45						
46	1					
47	1					
48						
49						
50						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55	1					
56						
57						
58						
59						
60	1					
61	1					
62	1					
63						
64						
65						
66						
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68						
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94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	22	↓		↓		↓
TOTAL DEP.	40	←		←		←
TOTAL CLAIMS	62					